

GYNECOLOGY

UNDER THE CHARGE OF

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X-ray Treatment of Gynecological Skin Affections.—RUNGE (*Münch. med. Woch.*, 1912, lix, 1597) reports having treated 7 cases of severe idiopathic pruritis vulvæ with the x-rays, with complete success. There were no cases in which diabetes, or a leucorrheal discharge, was present. In 5 of the patients complete cessation of itching occurred after one to three treatments; 2 others required a few more treatments, but in these also a complete cure was eventually attained. Runge has had like favorable results in the treatment of 2 cases of severe eczema of the vulva due to an irritating vaginal discharge; the discharge was treated simultaneously by the usual methods, but Runge attributes the cure of the eczema to the x-rays, as the discharge had been treated for some time previous to beginning the use of the rays, with no apparent benefit to the skin condition. In 1 case of advanced kraurosis, practical disappearance of the itching was brought about by x-ray treatment, but no other effect could be observed. In the treatment of these conditions Runge uses a tube somewhat harder than those usually employed for dermatologic purposes. Since we do not know whether the seat of the trouble in pruritis and allied affections is purely superficial or somewhat deeper, he considers it advisable to use a tube which, in addition to the rays of superficial action, gives off some of a moderate degree of penetrating power. An exposure amounting to just short of an erythema-dose is given, either at one sitting, or divided between two successive days, and an interval of two to three weeks then allowed to elapse before the next treatment.

Constipation and Headache in Women.—In an article bearing the above title, REED (*Jour. Amer. Med. Assoc.*, 1912, lix, 354) expresses the belief that in many patients presenting the very common symptom-complex of constipation, headache, painful menstruation, tender ovaries, with more or less displacement of the uterus, the real source of the trouble lies in a displaced stomach and colon. Such patients are usually treated gynecologically solely on the assumption that the constipation may be due to the pressure of a retro-displaced uterus on the rectum, that the headaches are of reflex origin from the genital organs, and so forth. In many of these women, however, gynecological treatments or operative procedures produce no relief from the constant headaches; in such cases a careful x-ray will generally show a condition of gastrocoloptosis to be at the bottom of the trouble, and not until this is properly corrected do the symptoms, resulting largely from the absorption of toxins, disappear. While not for a moment denying the importance of correcting any marked displacements of the uterus

which may be present, nor assuming that every case in which some ptosis of the stomach and colon is present is necessarily accompanied by the above mentioned symptoms, Reed emphasizes that where such demonstrable lesions are present, associated with these symptoms, the gastro-intestinal condition will generally be found to be of far greater etiological importance than the gynecological.

Relative Value of Various Substances Used as Douches.—A systematic test of a number of the commoner substances used as ingredients of vaginal douches has been made by POLANO (*Zeitschr. f. Geb. u. Gyn.*, 1912, lxx, 394), in order to determine their relative effect on the chemical reaction and bacterial content of the vagina. For this purpose each substance has, as a rule, been tried on three dispensary patients, some of whom showed clinically symptoms of inflammation of the vagina, others of whom did not. The method of making the examination was briefly as follows: A tri-valve speculum was introduced and the valves spread apart. A platinum loopful of secretion was then taken from the right side of the vagina near the introitus, one from the left side, and one from each vaginal vault. From these, cover-slip smears were made, and examined microscopically. Four similar loopfuls were inoculated on agar plates and cultured. The speculum was then removed, and 1 liter of water containing the substance to be tested given as a douche to the still recumbent patient. This process was repeated in each case on three successive days. In many instances there was a marked lack of correspondence between the appearance of the smears and the cultures, the plates often showing almost complete absence of growth after treatment, while the smears apparently contained as many organisms as before. Polano believes the explanation of this to be that many of the organisms become temporarily reduced in virulence by the treatment, and while still being present, do not possess enough vitality to grow well. He has not found any permanent effect to be produced on the chemical reaction of the vagina, nor any change in the character of the bacterial flora to be brought about by any of the substances tested, though a quantitative diminution in the bacteria present could in many cases be demonstrated. The most effective substances in this respect were found to be alum, alcohol, alsol, silver nitrate, and bolus alba. Less satisfactory, but still of some value, were lysoform and iodine, while pyroligneous acid, lysol, and lactic acid gave the poorest results. It is evident, Polano concludes, that dessicating and astringent properties are of much greater importance in substances to be used as douches than bactericidal power or acidity.

Control of Hemorrhage in the Radical Operation for Carcinoma Uteri.—One of the most important factors in producing the very high primary mortality of the so-called "extended" or Wertheim operation for carcinoma of the cervix (averaging in most statistics about 20 per cent.) is conceded by most authors to be hemorrhage—not so much arterial bleeding, as venous oozing from the deep pelvic veins, which it is at times very difficult to control. PETERSON (*Surg., Gyn., and Obstet.*, 1912, xv, 135) has found this to occur chiefly in three places: (1) From the transverse vesical veins which run across the ureter,